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**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or		
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	06/21/2004	____/____/____

Date Stamp

**CALIFORNIA
FORM**

410

For Official Use Only

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BY:

1. Committee Information		I.D. Number (if applicable)	1266026	2. Treasurer and Other Principal Officers		
NAME OF COMMITTEE				NAME OF TREASURER		
Committee to Elect Tony Beall - Mayor 2024				Tony Beall		
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE
[REDACTED]				[REDACTED]	Rancho Santa Margarita	CA 92688
CITY STATE ZIP CODE AREA CODE/PHONE				EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE		
Rancho Santa Margarita CA 92688 (949) 433-5821				tony.beall@troutman.com (949) 433-5821		
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY		
[REDACTED]				STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE
[REDACTED]				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE		
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				NAME OF PRINCIPAL OFFICER(S)		
tony.beall@troutman.com				STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE		
Orange		City of Rancho Santa Margarita		tony.beall@troutman.com		
Attach additional information on appropriately labeled continuation sheets.						

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	October 24, 2024	By	<i>Tony Beall</i>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	October 24, 2024	By	<i>Tony Beall</i>	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPO
Executed on	____	By		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPO
Executed on	____	By		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPO

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Committee to Elect Tony Beall - Mayor 2024		I.D. NUMBER 1266026
<ul style="list-style-type: none"> • All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records. 		
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Bank of Southern California	AREA CODE/PHONE (949) 766-3015	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY Rancho Santa Margarita	STATE CA
		ZIP CODE 92688

4. Type of Committee *Complete the applicable sections.*

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPOSER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE	
Tony Beall	Mayor, City of Rancho Santa Margarita	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan [REDACTED]
			Nonpartisan [REDACTED]	Partisan [REDACTED]

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT [REDACTED]	OPPOSE [REDACTED]
		SUPPORT [REDACTED]	OPPOSE [REDACTED]